

DECLARATION OF CHANGE OF ADDRESS

Legislature 13-10-201, MCA

To the Honorable Secretary of State of the State of Montana and to the Electors of Said District:

I, _____, the undersigned citizen of the United States of America and resident of the State of Montana, County of _____, and a candidate of the _____ Party for the office of _____, District No. _____, in the State of Montana at the primary nominating election to be held in said district on June 3, 2008. Pursuant to 13-10-201, MCA, I am hereby notifying the Secretary of State that on the _____ of _____, 20____, I changed my residence.

1. My new residence address is: _____

2. City, State and Zip Code _____ Phone: Home _____ Work _____

(If you have a mailing address to which you would like your mail sent, list that below in addition to your residence address.)

3. Candidate must sign and acknowledge one of the following affirmations.

a.) I do affirm that I possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named.

Candidate must sign and acknowledge below in the presence of a Notary Public if mailed, or in the presence of the Secretary of State or deputy if delivered in person.

DATE _____, 20 _____
(Signature of Candidate)

b.) I do affirm that I no longer possess the qualifications prescribed by the Constitution and laws of the State of Montana for the office herein named.

Candidate must sign and acknowledge below in the presence of a Notary Public if mailed, or in the presence of the Secretary of State or deputy if delivered in person.

DATE _____, 20 _____
(Signature of Candidate)

STATE OF MONTANA)
County of _____)

On this _____ day of _____, 20____, before me, personally appeared the above named candidate, known to me or proved to me to be the person whose name is subscribed to the above declaration, and acknowledged to me that he/she executed the same.

SEAL

Notary Public for the State of Montana

Printed Name of Notary Public

Residing at _____

My Commission Expires _____, 20____

By: _____

Deputy (if not notarized)